



# INSURANCE COMPANY HOLDER REPORT FORM 2007

**This form must accompany all holder reports**

ARE YOU A 1ST TIME FILER? Y [ ] N [ ] DID YOU ATTACH A CD? Y [ ] N [ ]

ELECTRONIC FILERS: Submit a UP-1Ins for each business included on the CD. ZERO BALANCE REPORTS REQUIRED

HOLDER INFORMATION				
1. FEDERAL EMPLOYER ID#		2. HOLDER (Business Name)		
ADDRESS				
CITY, STATE, ZIP CODE				
3. IS THIS REPORT BEING PREPARED BY AN AGENT ON BEHALF OF THE HOLDER? Y [ ] N [ ] IF YES, FURNISH AGENT NAME AND ADDRESS:				
4. NAME OF CONTACT PERSON		5. TELEPHONE (   )		6. E-MAIL ADDRESS
7. DATE OF INCORPORATION	8. STATE OF INCORPORATION	9. PRIMARY BUSINESS ACTIVITY		
10. NO. OF EMPLOYEES	11. ANNUAL SALES/PREMIUMS	12. PREMIUMS WRITTEN IN GA	13. TOTAL ASSETS	
REPORT INFORMATION				
<b>INTANGIBLE PROPERTY</b> - (Outstanding Checks) 14a. Total accounts \$50.00 or more _____ 14b. Dollar Value \$ _____ 14c. Total accounts less than \$50.00 _____ 14d. Dollar Value \$ _____ 14e. Report Total \$ _____  <b>OTHER PROPERTY</b> (Securities) 14f. Number of shares of stock _____				
VERIFICATION STATEMENT				
I, _____ certify that I have caused to be prepared and have examined this report totaling \$ _____ as to property presumed abandoned under the "Disposition of Unclaimed Property Act" for the year ended as stated, that I am duly authorized to execute this verification by the holder and that I believe said report to be true, correct and complete.  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             _____ Signature of Responsible Officer           </div> <div style="width: 45%;">             _____ Printed or Typed Name Responsible Officer           </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">             _____ Title of Responsible Officer/Agent           </div> <div style="width: 45%;">             _____ Date           </div> </div>				
FOR OFFICE USE ONLY				
CD	CHECK NUMBER	CHECK DATE	CHECK AMOUNT	
DATE DEPOSITED	BATCH NO.	RECEIPT NO.	REPORT ID	HOLDER NO.